

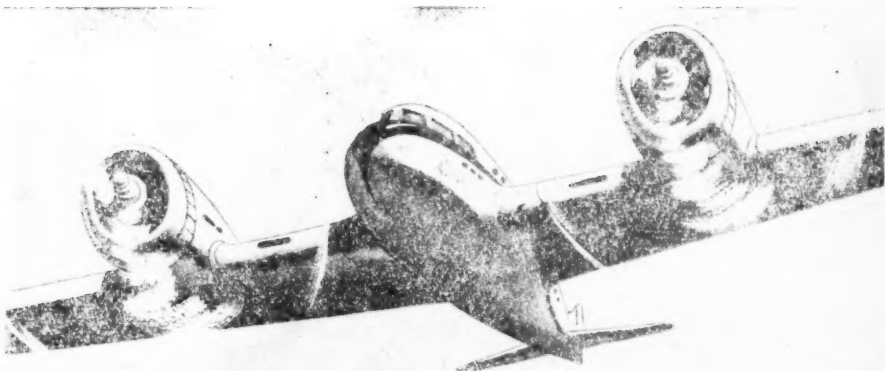
The Fortnightly

REVIEW

OF THE CHICAGO DENTAL SOCIETY

April 15, 1946

Volume 11 • Number 8



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THE CALENDAR

May 6th:

West Suburban Round Table will meet at 12:00 noon at the Oak Park Club. Dr. Nathan Potkin of the University of Illinois will speak on "Penicillin."

May 6th and 7th: The School of Dentistry of Loyola University, Chicago College of Dental Surgery, will hold a two day scientific meeting at the dental school on May 6 and 7. The program will include symposiums on the "Economic Future of Dentistry," "Research," "Local Anesthesia," and "Prosthetic Dentistry." Clinics, motion pictures and a banquet are additional features of the alumni meeting. Reservations for the banquet, which will be at the La Salle Hotel on Monday evening, May 6, may be made through class chairmen.

May 21st:

Chicago Dental Society: Regular monthly meeting to be held in the Red Lacquer Room of the Palmer House. Dr. Harry Archer of Pittsburgh will speak on "Anesthesia for the General Practitioner."

The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

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Comprehensive Survey of Chicago's Health Facilities Underway

U. S. Public Health Service Accepts Invitation From Mayor Kelly

A comprehensive health and hospital survey of Chicago and Cook County is being undertaken under the direction of the U. S. Public Health Service. The survey was instigated at the invitation of Mayor Edward J. Kelly and Clayton F. Smith, president of the County Board. Its purpose is to bring about an inventory of the needs and service available in all phases of health work, hospital, medical and dental care and treatment as a basis for planning postwar developments in the health field.

The need for a comprehensive health survey for intelligent community planning in order to meet the health needs of the people adequately has been recognized for many years. Recently the Institute of Medicine, the Health Division of the Council of Social Agencies in which there is broad representation of the medical, dental, nursing and other health interests, and other groups combined their efforts to secure such a review of the health problems of this area. The study should result in determining the unmet needs in the health field and in providing all groups in the community interested in health planning with basic information.

The project is being directed by Col. K. E. Miller, who recently returned from Japan where he made a study of the

civilian defense program in Tokyo. Dr. D. A. Reekie is the assistant director. He was chief medical officer in the UNRRA Italian Mission for the past year and before the war was the principal medical officer and assistant director of health for the Tennessee Valley Authority.

The dental phase of the survey is being supervised by Dental Surgeon W. P. Kroschel, dental consultant, Public Health District No. 3, and Senior Dental Surgeon John W. Knutson, States Relations Division. While Dr. Kroschel and Dr. Knutson will not be assigned full time to this particular project, they will prepare over-all plans, devise methods and forms for collecting pertinent information and apply such sampling technics as are necessary to collect and analyze data on the dental needs, the dental services received, and the resources and facilities for making dental care available to the population of Chicago and Cook County. Dr. James F. Hawkins, who has a master's degree in public health, has been assigned to the project from the State Health Department.

Funds for the support of the survey have been received from foundations and other sources including state and

(Continued on page 21)

The Formulation of Public Policy Concerning the Health Service*

Joseph D. Lohman, Ph.D., Chairman, Department of Sociology,
American University, Washington, D. C.

The President's message on the Wagner-Murray-Dingell Bill outlines needs and objectives that are generally accepted, but dentists and physicians, trained in methods of prevention and treatment—not in social organization, are critical of the proposed organization for meeting the objectives. Dentistry is likewise critical of the limitation of dental benefits offered but these are more generous than the benefits offered by any of the voluntary prepayment plans except those supplemented by government subsidy, and dentistry's own contention that there is a shortage of dentists has led to the limitations embodied in the program. In developing a long run program the dental profession can seek to increase the number of dental students and dental colleges but when confronted with immediate needs, the profession endangers its own status by pleading the inadequacy of its numbers. Only the profession can increase services available by the introduction of additional chairs and the utilization of dental assistants in dental offices, by defining the role of technicians in the provision of dental service, and by placing a more intelligent evaluation on the importance of providing preventive and therapeutic treatment in comparison with constructing dentures. Finally only the dental profession can define adequate and acceptable dental care.

Since meeting with you but a fortnight ago, much has transpired in the realm of the health services. On several occasions we have noted the feelings and attitudes of the public and their disposition to get themselves expressed in some kind of governmental action. The White House has now formally declared itself and loaned its support to an increasingly articulate public in its plea for an extension of the health services to all parts of the population. We have followed rather closely the reactions to the President's message in various sections of the nation as they have been expressed in news articles and editorial comments. For the most part there has been an amazing unanimity in the responses.

WAGNER-MURRAY-DINGELL BILL

There has been hardly an exception taken in any quarter to the *objectives* of the President's message, which, inci-

dentally, corresponds closely by a series of separate proposals to the familiar Wagner-Murray-Dingell Bill of May 1945. Indeed, the President's message was immediately accompanied by the introduction by Senators Robert F. Wagner and James E. Murray, along with Representative John Dingell in the House, of a new measure—Senate Bill 1606—which reproduces nearly all of the health insurance provisions of their more comprehensive social security bill. Some aspects of that bill, the subjects of which were treated in the President's discussion, are being reserved for separate legislative action. His proposals for Federal aid in hospital and health center construction are already indicated in the Senate Hill-Burton Bill which will probably be shortly reintroduced, while another bill will, in all likelihood, soon appear to treat of the provision of sickness disability payments when the President makes his already promised message on Social Security.

It is of considerable political significance that the bill now introduced, and in effect, the President's bill, contains no

*This paper is the fifth of a series of lectures on "The Dentist in the Social Order," a study course presented by the Chicago Dental Society and the University of Chicago.

proposals for financing the health insurance program. This is a sharp and deliberate political maneuver designed to remove the proposed legislation from the jurisdiction of the Finance Committee of the Senate and the Ways and Means Committee of the House of Representatives. It is in these two committees, headed by ultra-conservative political figures, that the earlier Wagner-Murray-Dingell Bills have remained bottled up for over two years. The present measure falls within the jurisdiction of the Senate Education and Labor Committee, headed by Senator Murray, who can be expected to give the legislation the greatest and speediest possible encouragement.

GENERAL APPROVAL OF OBJECTIVES

While the President's objectives as to the extension of the health services have been generally smiled upon, the professions—notably the American Medical Association and a few partisan voices in Congress—have raised the cry of “socialized medicine.” It is noteworthy, however, that even these voices have been careful to avoid criticism of the objectives of the President's health insurance program. I stress this point because it is now abundantly clear that in all quarters there is a belated realization that something is going to have to be done to remedy the existing inadequacies. The problem of policy is now exclusively a matter of the appropriate ways and means of bringing about a more adequate organization and distribution of the health services. It is no longer a question of whether the present pattern is adequate or whether we ought to do something about it. In the light of a general agreement as to our plight, the question is one of *how*. The questions *what* and *why* have already been answered to the satisfaction of the general public and most of the interested parties.

INFLAMMATORY SLOGANS

The cry of “socialized medicine” is not raised to clarify the problem which con-

fronts us. Such language, planned as it is to awaken prejudice and fear and to associate the President's proposals with traditional animosities, does little credit to the professions and will, we predict, not long intimidate an awakened public. Compulsory health insurance should be and can be evaluated as such. Its merits and limitations can and should be rationally discussed without benefit of such emotionally loaded phrases as “socialized medicine.” That term is designed not to shed light or focus attention upon problems and limitations, but to serve as an effective barrier to rational analysis, to temperate and considered judgment. It is the old shell game of giving a dog a bad name and thus disposing of it. There have been many occasions when tactics of this sort have been successful. There have even been occasions when such questionable means have been coupled with tolerably good objectives and results, for there is no necessary connection between good ends or objectives and the means we sometimes employ to realize them. The point we would here make is that we cannot afford to entertain means for preserving the status quo or for embracing changes which are deliberately irrational and which appeal to our baser natures. Such a condition is always self-defeating in the end, for once embraced we cannot ever be sure that some clever propagandist or manipulator of words and phrases is not using us to serve his own concealed and devious intent.

This is particularly true in our present situation. The accusation that President Truman has proposed “socialized medicine,” as we know the term, is so far removed from the facts of the case that it does not do justice to the very many legitimate questions and objectives of the health professions and of many of the consumers of medical, dental and hospital care. Indeed, the slogan has so little relationship to the facts which must be considered that it must inevitably prove a failure in the rallying of opposition both inside and outside the health professions. Those who continue to regard the problem in terms of such inflam-

matory slogans are not only insulting the intelligence of the ordinary layman, but are engaging in the most dangerous kind of self-deception. One popular writer who prepares a daily column in one of Washington's more conservative journals reveals to what extent the public has been brought into the discussion and gives us some measure of the present lay understanding, when in considering the Presidential message, he wrote as follows:

"Physicians are members of a proud profession and some of them won't like to see this said, but it is the fact that President Truman's national health insurance plan, presented to Congress this week, could almost be called a bill for the relief of doctors.

"Not for all doctors to be sure, since a certain percentage of doctors are doing very well and don't need any relief. But something like fifty per cent of America's practitioners could use a little assistance and really require it if they are to begin to share in what we call 'the highest standard of living in the world.'

"Most of the opposition to such bills in the past has purported to be in the defense of the doctors. Conservative legislators have chanted the sinister word, 'socialization!' whenever a proposal has been offered to extend medical care to all parts of the population. Some medical organizations have joined in the chant. The inference has been that any such understanding would 'socialize' the doctors and do them great damage.

"How truly these legislators and medical associations represent the average doctor, or the majority of all doctors, cannot be estimated. But it can be readily shown that they do not represent the average doctor's financial interest."

This is the level at which the lay public is discussing the problems of health and medical care. These are the terms in which the professions themselves must speak out if they would have their weight and counsel heeded in the formulation of public policy. The health professions cannot contribute to a solution of the common problem until they are ready and willing to state the problem. Continued reference to the "either or" formula of private practice or socialized medicine is not a statement of the problem. It is avoiding the problem. In-

deed, the public is at last aware that such a formulation is only an evidence of dogmatism and at best confused thinking within the ranks of the professions themselves.

NEED FOR OBJECTIVITY

The professions are distinguished from the ordinary trades in terms of their clear-cut ethical and moral assignment, by their societal obligations. They are furthermore distinguished by their alliance with and dependence upon the basic scientific disciplines. The public is entitled to receive from the trustees of scientific knowledge and professional skill a formulation of the health problem which reflects the same objective and dispassionate approach as is found within the boundaries of the sciences and professions themselves. To be specific, we have constantly reiterated our belief that social scientists should refrain from attempting to indoctrinate the professions with a value position. Furthermore, we have professed only that knowledge of the practice of medicine and dentistry which a layman might be expected to have when he places his trust in the physician or dentist and turns to him for the treatment of his ailments. However, we would remind the professions that doctrinaire and ex-cathedra utterances as to the proper organization of medicine and dentistry too frequently comes from individuals within the professions who have not even been exposed to the knowledge and disciplines of the social sciences to the extent that this group has been. When such physicians and dentists speak about the organization of the health services with an air of doctrinaire finality, even a relatively uninformed public cannot fail to remark, as it is now doing, upon the contrast between the cool and considered methods of science as they are practiced within the healing arts and the inflamed and uninformed statements of some of its representatives in the equally complex area of social organization.

It is just because medicine and den-

tistry have often permitted themselves to be represented by voices which spoke only in the unenlightened tones of doctrinaire finality that we are confronted with great difficulties in the development of an enlightened public policy concerning the health services. But the difficulties are not insurmountable. This series of discussions is in itself evidence of the preference which all of us have for facts and knowledge as a guide to action. We need only to utilize the resources which are at hand to escape the dilemma of our excessive specialization and its abortive fruit, namely, this *trained incapacity* of all of us to treat rationally of matters outside the narrow fields of our specialized competencies.

DENTAL BENEFITS

The newly proposed compulsory health insurance program contains a more positive statement of dental benefits than has appeared in earlier legislative proposals. But again the qualified and limited character of the dental benefits should direct our attention to the role of dentistry in the formulation of policy and the most effective ways and means for implementing that policy.

The newly proposed legislation makes provision for dental benefits of an emergency nature such as fillings and extractions. It should be noted that this, limited as it is, is a more generous dental provision than obtains in any of the voluntary insurance schemes which are not supplemented by some form of governmental subsidy. However, my purpose is not to evaluate and judge this latest governmental proposal, but rather to direct attention to areas in which dentistry can make a specific contribution toward an acceptable health plan.

SHORTAGE OF DENTISTS

The framers of the current legislation have been impressed from afar with dentistry's own contentions and alleged limitations in the offering of a more extensive service. The sponsors of Senate Bill

1606 do not feel that a full prosthetic service can be undertaken in the near future. They say it is impossible because they have learned from certain of your spokesmen that the United States has only one-third to one-half the number of dentists actually needed. While hoping to correct this situation in the long run by the proposal of federal support to professional education, they would offer in the immediate future an emergency dental program.

It is estimated that it may take as long as ten to twenty years before the shortage of dentists is corrected. Meanwhile, it is proposed that available dentists give priority to children among whom initial care problems are of lesser dimension and among whom there would be hope of building a manageable adult dental health program for the future.

This tangible proposal should be discussed, for incident to it can be set forth the several considerations toward which dentistry might well direct its attention in discharging its responsibility to the larger public, and in the discharge of which there may be brought about a genuinely effective and acceptable policy and practice with reference to the health services.

The amount of accumulated dental neglect in America gives pause for serious consideration as to the adequacy of the existing numbers of dentists. However, it is apparent that the dentists have oversimplified the problem in several respects. In a recent issue of *THE FORTNIGHTLY DENTAL REVIEW*, there appears the following item:

"The Board of Education in Chicago questioned the advisability of installing a dental health educational program in three Chicago high schools at the present time because it did not want to create a desire for dental service only to find that there were not enough dentists to supply the demand."

This attitude does not stem from an informed understanding by the Board of Education itself. The honorable members of that Board are not aware of the distinctions between need and effective demand, nor the conditions under which

the first approximates the latter. Furthermore, they know nothing of such matters as patient load, office management, and the several factors which condition service as well as manpower. They only know that the dental profession has told them that there are too few dentists, the number of students matriculating in dental schools has become fewer in recent years, and the war has further aggravated the situation. This is for the most part the contribution of dentistry to the discussion of this most serious question and it has been reflected in the kinds of demands and expectations which the public has as to its services. This is not unrelated to the European experience under which there were provided two classes of dental practitioners.

LONG RANGE PROGRAM

There is little question but that there is need to increase the amount of dental personnel if we are set upon making effective the demands of the population in terms of their genuine need. We must increase dental students beyond the present figure if we would even maintain the country's prewar number of dentists, quite apart from enlarging the number. This probably means that we shall need to enlarge our existing dental schools as well as create new ones. This is and would be no small task if we need to almost double the dental profession as many from your ranks have suggested.

This, however, is a program which can go on without at the same time unduly embarrassing our aspiration to deliver service through a more effective utilization of the resources which we already possess. In the first place, it will take considerable time for effective demand to approximate need. We should not deceive ourselves at this point. Much of the initial increased demand during the early months and years of an expanded service would probably consist of the same kind of demand which now characterizes private dental practice, namely, emergency care such as relief from pain, extractions, etc. This is the character of the broad

service which dentists are now performing for the American people under the present methods of practice. The American people cannot be seriously impressed with the statement of some of dentistry's membership that it is not good enough for them. In any event, such statements can only further excite their demand and perhaps create the notion that quickly trained technicians are better than nothing at all.

IMMEDIATE PROGRAM FOR DENTISTRY

Dentistry must more carefully consider the technical aspects of expanding service and agree upon the wisest and most judicious statement of policy. The simple statement, that there are not enough dentists to go around may prove to be disastrous. I do not believe that we have come anywhere near the effective utilization of the resources which are at hand. Research in dental management and practice reveals that about one-half of all dentists have no office help, and over 60 per cent operate only one chair. Dr. Henry Klein of the United States Public Health Service indicates the importance of such considerations in the following statement summarizing his findings as to civilian dental practice during the war:

"It is clear that a significant increase in the aggregate or total patient-load capacity of all the available civilian dentists could be realized immediately, if each dentist who now uses only one chair were to secure an additional one and if those who work alone were each to employ a dental assistant."

His actual findings suggest that a one-chair dentist can increase his patient-load by as much as one-fourth by using an additional chair. The one-chair dentist who "goes it alone" can undertake one-third more service if he hires an assistant, and if a one-chair dentist who operates without assistance were to use two chairs and an assistant, his capacity for service would be increased by over 60 per cent in terms of patient-load.

I am not proposing that the dentist undertake a more arduous program and work himself into the grave in order to

enlarge his capacity for service. On the contrary, the reverse is true. These proposals are designed to reduce the tedium of office practice, permit the dentist to concentrate on tasks appropriate to his high professional skill and at the same time enlarge the amount of service rendered.

DANGERS OF DENTIST AS MIDDLEMAN

The investment of an additional chair or the cost of an assistant's time are much less costly than the professional skills of a trained dentist. To permit office personnel to dispose at lower costs of tasks which do not require the highly developed skills of the dentist, will mean lower cost to the individual patient and correspondingly higher valuation of the specific service of the dentist. An outsider can observe that dentists have permitted modern dental practice to gravitate too easily in the direction of "prosthetic dentistry." Much of modern dentistry is dependent for its greatest economic returns on services that are performed outside the dental office. Many dentists have permitted themselves to become mere middlemen without acknowledging the fact. This is unfortunate, for prosthetic dentistry should not be regarded and sold merely as a cosmetic feature without reference to health values. Indeed, all the services of dentistry which require professional skills such as surgery, treatments, fillings, should and can carry fees appropriate to their value. Dentures are *part* of a prosthetic service, not *the* service. The importance of study and discussion of this problem within the profession should be stressed with a view to providing service under terms of the greatest practical utility both to dentistry and to the public in these days of newly emergent demand, rather than risk the futile consequences of merely announcing an insufficiency of manpower. In the light of such statements the public will make what it regards as an acceptable solution of its own insatiable drive after care. It is apparent that it will find a way even if, by the standards of dentistry,

that way is only second rate. There is much that can be done to avoid such damaging consequences both to the public and to the profession.

The matter of the training and more widespread use of hygienists and dental technicians is another issue concerning which the organized profession requires information, discussion and eventually a declaration of policy. This, in order to insure the integrity of dentistry. It seems to be no longer a matter of dispute that the numbers of hygienists trained and practicing under the supervision and direction of dentists should be increased. Similarly, the role of the dental technician needs clarification and perhaps redefinition. In this connection, we do not mean merely restrictive licensing and legislation. These come after, not before, the fact of clarification. Whatever may be our sentiments toward Dr. John Oppie McCall, and irrespective of dentistry's alignment with reference to the issues he has raised, we must give serious thought to his observation that "dentistry in the course of the years *has become* more and more not a true healing art but a mechanistic art, so much so that today a fine denture practice is considered the ultimate goal of many practitioners. Consequently, despite the advances made in preventive medicine, despite the increasing knowledge of the causes of dental disease and methods of combating it, despite the knowledge of the effect of diet and fluorides in drinking water in minimizing decay, dentistry still continues in its education and practice to emphasize not prevention but repair; not dental medicine, but dental mechanics." Without assessing the merits of Dr. McCall's indictment, even a layman can see the obvious relationship between the growth of dental laboratories, ethical and otherwise, and his remarks concerning denture practice. Dentistry must look critically at the function of the technician so that he may remain an asset and not a liability in dental practice. It might further be added that the effective rationalization and incorporation of the dental technician in dental practice is

not only a problem in improving the quality of service, but if not adequately considered, may become a major political problem to the profession. The numbers of technicians are no longer few. There are signs of their emergence as a powerful political force. The growth of trade unionism may reach out and encompass the dental laboratory industry. It is not inconceivable that technicians might find it convenient and advisable to consider themselves as a group apart, as the real custodians of prosthetic dentistry. They may even move for the creation of a separate class of dentists and find themselves not without support from the wider labor movement whose zeal for membership and appetite for the health services might even encourage such a development. If this seems incredible to the dentist, it should again be noted that the political power of the masses in a democracy should never be underestimated. If dentists will reflect upon prosthetic dentistry as it is now practiced in many offices, they will recognize that it is the one phase of dentistry which can be removed from the jurisdiction of dentistry without great injury to the public but with great financial disadvantage to the dentist. The dentists are not few who are merely costly commission merchants selling dental appliances at prices that will enable them to recover their losses on other genuine health aspects of dentistry. Appliances are not infrequently sold as mere cosmetic features with a questionable relationship to diagnosis and prescription. Dentists may be alarmed and react against mail-order dentures and against advertising dentists with questionable ethical standards, but such men will continue to vex dentistry so long as ethical dentistry itself does not clarify its attitudes and define its inner relationship to the technician. But underlying the whole problem is the genuine need for placing prosthetic dentistry in its proper context of more basic health services. The dentist has permitted many of his basic health services to become meaningless and of secondary importance not even

worthy of the dignity of a healing art and profession. Correspondingly the dentist has permitted genuine health services requiring critical professional training and skill in diagnosis and treatment to become undervalued both in prestige and in money value.

ADEQUATE AND ACCEPTABLE DENTAL CARE

It is obvious that these are matters concerning which the dental profession must take the initiative. They are not matters with which outsiders should be coping. But let us not lose sight of the fact that this area of professional standards and the organization of practice has windows through which the public catches a glimpse of what goes on. It is an ample area, one which requires the full measure of devotion and energy and one in which the public desires that the dentist remain autonomous. The problems which confront dentistry in the wider extension of its services are mainly these. The public will itself solve the economic problem in the several ways open to it. But, as to standards, a concept of minimum care, or perhaps a better phrase would be "adequate and acceptable dental care," and the interrelations of the various subordinate elements within dentistry, these are matters upon which dentists should be thoroughly advised and especially prepared to inform as various groups come together to formulate policy and plan programs of action.

PRINCIPLES OF A.D.A.

A word should be offered concerning the progressive statement of principles which has been advanced by the American Dental Association for in many respects they converge upon the objective of the current legislative proposals in Congress. The four major aspects of these principles are (1) an adequate provision for research, (2) strengthening of dental health education, (3) availability of dental care for all, regardless of income or geographic loca-

tion, and (4) representation from organized dentistry in the planning of dental programs. These are laudable objectives and have been received with enthusiasm in nearly all quarters. The proposals for research and dental health education have already been embraced by legislators and are well on their way to implementation and realization. The President has reiterated the general approval of these objectives and we may well see in his announcement the final impetus which will encourage the passage by Congress of the measures directed toward these two objectives.

FUNDS FOR EXPERIMENTAL PLANS

Dentistry, we may hope, is already making plans to carry through in the event that Congress appropriates the seven million dollars requested for allotments to states for dental health education and dental care. These funds should afford an opportunity for considerable experimentation since the legislation provides that the funds may be utilized to provide a program of dental health education for all and dental health service programs for children and adults in accordance with local needs and resources. It is to be hoped that study and pilot programs will be developed.

NEED FOR DEFINITE STANDARDS

In all quarters there seems to be agreement toward the provision of adequate care for children. If this be the case, it were high time that plans and projects designed to initiate such programs were developed. Indeed, in the development of such programs we may learn that about the allocation of our resources which will bring the adult problem into more manageable perspective. However, if we are to provide a program for children, with a view to checking the problem of accumulated neglect and decay, it would appear that we must establish standards and not merely provide care on an ad hoc basis. In the light of our experience and the objectives which are

inherent in a program directed toward children as such, it is to be questioned whether our long-run health objective could be realized unless such standards were compulsory.

But a decision to treat comprehensively of children would not release dentistry from the necessity for meeting the problem of adult care in more adequate terms than is the case under present arrangements. Indeed, it is possible that some are interpreting the American Dental Association's principles as lofty and fine, but that practical considerations will admit only of a children's program with some limited gestures toward adults. It is highly improbable that any such program would meet with public approval, particularly since it is the adult public which will be paying for the services by whatever financial arrangement is provided. If, however, it is proposed that the dimensions of the problem require some principle of selection and that children should be given priority along with the acute and pressing needs of adults, then it is reasonable to believe that the proposal would be regarded as conditioned only by the question of resources, of ways and means. The situation no longer permits proposals which merely categorically distinguish between children and adults and assign to one group comprehensive care and to the other merely limited and emergency care. Such a proposal would be too suggestive of an interest in keeping intact, with one hand, the status quo for dentistry, while with the other hand toying with a new area relatively untapped and quite promising in terms of future clientele. We need not assume that dentistry regards the matter in these terms, but it is of basic importance that dentistry does not permit such a construction to arise in the public mind by offering proposals which are too restrictive in character. There is a simple and straight-forward fact which, if kept in mind, would help us to avoid many mistakes. The request for an improvement in the distribution and provision of the health services is being made by men and women from among whom

come the dentists' patients. They are not strangers from some foreign land. Although dentists may not have practiced among trade union or farm groups as such, individuals from those circles have been among its clientele. Dentistry cannot expect these individuals, its patients, and the newly alerted groups from which they come, to accept a judgment and decision that their oral diseases cannot be treated or that they cannot get prosthetic services even if they are willing and able to provide funds. It is the obligation of the profession to look to its service, its standards, its internal management and organization with a view to giving every possible assistance and encouragement to any section of our population which is desirous of securing for itself more and better dental care. That is the ever-continuing obligation of a profession whose dominant motif is service, that is, if it is truly a profession and cherishes the distinction which it enjoys from less honored occupations which have subordinated service and function before their considerations of vanity and personal gain.

DIFFERENCE BETWEEN PROFESSION AND BUSINESS

The distinction between the professions and other orders of industry, as it exists in our society, is not difficult to discover. Most occupations are graded solely in terms of the salary or wage which they command. However, the essence of a profession, indeed, that which alone warrants the deference accorded it, is that though it may have been chosen as a means of obtaining a livelihood, the real test of its worth and success is the service which it performs, not the material wealth which it affords. There are many dentists who have been successful and are well-to-do, but in the true meaning of the profession, both to itself and the wider public, its success lies not in the making of money but in the making of health. The dentist depends upon his profession as a source of income, but it does not follow from

this that he considers any conduct which may enlarge his income as on that account good. The dentist recognizes that there are certain things which are not practiced, however large the fee may be. Some dentists may be troubled by these remarks. Is there really such a sharp line between the professions and other pursuits? Are there not conspicuous violations of the ethical code within the professions and does this not make it difficult to adhere to such beautiful idealism? The answer is that dentistry has made the traitors the exception rather than the rule and can continue to so distinguish itself as the custodian of a great professional tradition if it will continue to make the traitors an exception. As one writer puts it: "By upholding as the criterion of success the end for which the profession is carried on and subordinating the inclination, appetites, and ambitions of individuals * * * to rules designed to enforce certain standards both for the better protection of its members and for the better service of the public."

COMPETITION AND THE PUBLIC GOOD

The statement on policy of the American Dental Association is a partial answer to certain questions which were raised earlier in these discussions. However, we can address them now not only as matters of doctrine but in relationship to an objective picture of the pattern of health and disease, of economic and political pressures of the organized health services, all as they appear together within the framework of the changing social order.

To the first of these questions, "Can it be considered right in present day American society that people should have to forego or postpone health services for economic reasons?" the progressive statement of policy of the American Dental Association answers with a resounding, "No!" The latter two questions can only be answered by deeds, not words. They should be raised again, however, to bring to the front the challenge which

confronts the health professions in America, and which only by facing squarely will they be permitted to discharge their high ethical responsibilities. Can it be considered right in present day American society that physicians and dentists should find it necessary, often under very adverse conditions of work, to compete for profit (however small that profit may be) over things of such moment to the nation as the sickness or health preservation of its individual citizens? Is it possible any longer to support the principle that general practice should remain individualistic, competitive, and independent of any form of collective action, governmental or otherwise? These questions are not mere matters of doctrine, they are the terms of a moral crisis in our social life and must be answered either affirmatively or negatively by deeds which will prove to be satisfactory only if they square with the high purposes of the health professions and the democratic aspirations of the great masses of the American people.

In conclusion, may I express the sincere appreciation and complete gratifi-

cation of my colleagues and me for this unique opportunity. We hope that our remarks have been relevant and suggested to you the utility of invoking the knowledge of the sociologist in treating of the problem of organization and administration of the health services.

We are now thoroughly convinced that this is a way out of the dilemma which has been created in modern society as a consequence of our excessive vocationalism and specialization. It is possible to overcome the *trained incapacity* of the specialists to make rational decisions with reference to matters outside the narrow realm of their technical competency. The method is no more nor no less than a removal of the barriers which separate the several spheres of knowledge. A continuing liberal education as we pursue our special interests is an indispensable need of democratic society. The Chicago Dental Society may well prove to have been a pioneer not only among the health professions but of other specialized and functional groups which seek intelligently to contribute to the formulation of public policies.

NEWS AND ANNOUNCEMENTS

MEMBERSHIP INCREASE DESPITE DUES RAISE

The membership of the Chicago Dental Society on March 30 shows a slight increase in the number of paid up members over the same date last year. This increase has occurred despite the raise in dues of \$10.00 which became effective January 1. There are now 3,187 active members as compared to 3,047 in 1945.

HOLLENBACK TO AID U. OF I. REFRESHER COURSE

The University of Illinois College of Dentistry announces that Dr. George Hollenback has accepted an invitation to participate in the postgraduate refresher course planned for returned veterans. He will devote his time to the division of crown and bridge and operative dentistry and will give instruction in the casting technic that he has developed.

MEMBERS SAVE \$60,000.00

The Chicago Dental Society through the adoption of the disability plan of the Standard Accident Company has made it possible for the *INSURED* members to save in excess of \$60,000.00 premiums yearly. This amount is steadily increasing because of the continued enrollment.

If you are not insured in the plan application may be made before the semi-annual renewal date, May 1, by contacting Huntington & Homer, Inc., 222 West Adams Street, State 5393.

FEDERAL FUNDS FOR ALIENS DISCONTINUED

Federal funds which have been administered by the Illinois Public Aid Commission for assistance to enemy aliens and others affected by govern-

mental action will no longer be available after July 1, 1946. Large numbers of Japanese and Japanese-Americans as well as some Germans and Italians who have relocated in this area have received temporary assistance through these funds. The Illinois Public Aid Commission still is receiving requests for temporary assistance in emergencies from such persons, particularly for medical expenses.

The Commission announces that all bills incurred by the above mentioned persons must be presented to it not later than June 15, 1946. Only those bills for which the Commission has accepted responsibility prior to presentation can be considered for payment.

VETERANS ADMINISTRATION PLANS TRAINING PROGRAM

The Veterans Administration is establishing a dental training program to link the Administration with all of the forty Class A dental schools in the United States. Dr. Vern D. Irwin, former director of the Division of Dental Health in the Minnesota Department of Health, will direct the project.

While the details of the program have not yet been worked out with the dental schools, VA officials predict that eventually hundreds of dentists will be included in the training activities.

Dr. Irwin, who is now on duty as chief of the Dental Division of the Minneapolis VA branch area office, will be transferred temporarily to the VA central office in Washington to launch the training program. In establishing the program, Dr. Irwin will visit the forty dental schools as well as maintain close liaison with the medical "Dean's Committee."

Dr. M. M. Fowler, assistant medical director for dental service, has obtained pledges of support from the deans of the forty dental schools to help VA's

program of internships, residencies, and postgraduate training for dentists. At the annual meeting of the American Association of Dental Schools in Kansas City recently, Dr. Fowler met with deans from all the approved dental schools and received endorsements of the proposed VA training program.

Commenting on the program. Dr. Fowler said: "Dr. Irwin is an outstanding man in the field of public health dentistry and was for several years editor of the Bulletin of the American Association of Public Health Dentists. We believe that with the help of the nation's top ranking dental schools, it will be possible to expand our services to veterans to meet the increasing demands of former servicemen and also to maintain a dental service second to none in the world."

A.D.A. JUNIOR MEMBERSHIP

So that organized dentistry may maintain its strength in representing the dental profession of this country in all of the current and future legislative and social problems, the Membership Committee of the American Dental Association is intensifying its efforts to enroll dental students immediately after their graduation from dental school as full-fledged members. This program was initiated in 1934 by the establishment of the Junior Membership Plan. Under this program, many of the benefits of actual membership are given to dental students before graduation. These benefits include the right to the use of library facilities of the Central Office and an annual subscription to the Journal of the American Dental Association.

In order to have junior members keep pace with current problems in dentistry, the annual Junior Membership Essay Contest was established in 1941. Undergraduate members are eligible to submit an essay on a topic assigned by the committee. These essays are then judged and prizes awarded. The prize-winning essays are usually published in the Journal. Dr. Robert R. Gillis, Hammond, In-

diana, is the present chairman of the Junior Membership Essay Contest.

The Membership Committee, according to Dr. Paul Zillman, chairman, is also studying the possibility of changing the name "junior member." Suggestions have been made that greater accuracy in designation would be shown if these members were known as "student members" or "undergraduate members." It is likely that this change will be submitted at the next annual meeting for action.

The Junior Membership Campaign has been given notable aid by the cooperation of many dental schools. In some of these, enrollment in the Junior Membership Plan is a stated requirement. Additional support from these sources will be enlisted by the Membership Committee which is now designing a program of such action.

KORAL AND VIORAL NOT ACCEPTABLE FOR A.D.R.

The Council on Dental Therapeutics of the American Dental Association has issued the following abstracts previously published in the Journal of the American Dental Association on Koral Tooth Powder and ViOral Vitamin Tablets: Since 1942, the Council office has received occasional inquiries concerning Koral Tooth Powder. The firm was given an opportunity to submit its product for consideration by the Council, but the product has not been submitted. In fact, the firm did not even reply to a registered letter, dated May 24, 1945, from the Council office.

The firm has made no secret of the fact that Koral consists of 94.5 per cent of sodium bicarbonate with minor additions of magnesium trisilicate, tribasic calcium phosphate, saccharin, soap, flavors and coloring. However, the claims for this product are amazing. In fact, they insult the intelligence of the dentists to whom the advertising is sent.

Examples of the claims are: "Koral Tooth Powder neutralizes mouth acids and maintains alkalinity twice as long as

milk of magnesia." The implication is that the product is useful in preventing or retarding dental caries. Neither sodium bicarbonate nor milk of magnesia has been shown to be effective in preventing or retarding caries. "... dentifrices which fail to neutralize local acid conditions are worse than none at all..." Again the misleading implication is that the use of alkaline dentifrices will prevent dental caries. "In post-operative treatment of gingivitis, Koral is of very great value. Its effectiveness in augmenting the treatment of gingivitis lies in the high percentage of bicarbonate of soda in its composition." So far as the Council members are aware, sodium bicarbonate does not have the remarkable virtues attributed to it in this statement.

Other misleading claims, some even more objectionable than those cited, have been made for the product in the past. However, claims change with the times and the firm may think of others which it has not yet used. It is essential to remember that, while a proper grade of sodium bicarbonate may be a good dentifrice, currently available information indicates that it can do no more than help the toothbrush clean the accessible surfaces of the teeth.

To summarize: Koral Tooth Powder is essentially sodium bicarbonate. The unwarranted and exaggerated therapeutic claims made for it are against the interests of the public and of the dental profession. It is therefore declared unacceptable for Accepted Dental Remedies.

ViOral is marketed in the form of tablets, each of which is stated to contain vitamin C, 100mg.; niacinamide, 50mg.; calcium pantothenate (Dextro-rotatory), 5mg.; riboflavin, 2 mg.; and also other members of the vitamin B complex from natural sources; liver extract, yeast extract and high potency yeast, plus inert tableting ingredients: calcium pyrophosphate and tricalcium phosphate. "No sugar." The firm states that ViOral should be used for the treatment of many oral conditions.

While the appearance of some of these

conditions might be associated with dietary deficiencies, such is not always the case. Recovery from dental disease would not necessarily be accelerated by the administration of vitamins and, even in those instances in which recovery might be hastened, it is unlikely that such a mixture as ViOral would be the nutritional supplement of choice.

Adequate evidence is not available to indicate that the cause of gingival hemorrhage, Vincent's infection, ulcerative gingivitis or dry sockets are confined to nutritional deficiencies, nor is there evidence that the use of ViOral will bring about firm healthy gums and decrease the tendency to post-extraction hemorrhage.

A great many dentists, as well as many physicians, are not qualified to diagnose or treat nutritional deficiency diseases. If, after proper diagnosis, it is believed that a pathological condition of the mouth is due to inadequate nutrition, the dentist, in cooperation with the patient's physician, should prescribe the diet that the patient needs. Vitamins are food supplements, not medicines. Their promiscuous administration in the treatment of dental disease is largely wasteful and may tend to blind the patient and the dentist to the importance of the operative and surgical procedures upon which successful treatment depends.

Because of their uninformative name and the unwarranted claims made for them, ViOral Tablets are not accepted for Accepted Dental Remedies.

DR. HUGH A. LARKIN 1886-1946

Services for Dr. Hugh A. Larkin, who died on February 4 in St. Elizabeth's Hospital, took place in Burlington, Wisconsin. Dr. Larkin was born in Northfield, Minnesota, and had practiced dentistry in Chicago for many years, his office being on North avenue for about thirty years. Dr. Larkin is survived by his wife, the former Rose Jacobs; two daughters, Mrs. Lucille Purcell and Mrs.

(Continued on page 24)

NEWS OF THE BRANCHES

WEST SUBURBAN

We're mighty glad to see more and more of our returned veterans getting located. Dr. Olson can be found in the Medical Arts building and Spencer Magnuson has reopened his office in the Forsyth building. Bob Wirth has also located in the Forsyth building and Richard Murray is scouting around for space. Ray Barker has located in the loop. K. J. Henson, formerly at Austin and Division, has a new office in Park Ridge. . . . Members of the Oak Park Round Table were enlightened on the benefits of fluorine by Dr. Roy Blayney, who gave a fine lecture on that subject on April 1. Research concerning the use of fluorine in retarding cavity formation has been conducted with the cooperation of Evanston High School, materials and supplies being furnished by Zoller Clinic. . . . On the first Monday in May, Nathan Potkin of the University of Illinois Department of Therapeutics will speak on "Penicillin" to Round Table members. It is conceded that this will be of general interest. . . . Stan Danhauer has returned from a pleasant week spent in Louisville, Kentucky, and is awaiting anxiously the release of his son from the armed forces. . . . Joe Haller is reminiscing of his days in sunny Florida. . . . Al Mayer and Johnnie Madell are still churning up the air with their little puddle jumper at Stinson airport every Sunday. . . . The publicity fund for returned war veterans deserves the attention of those among our membership who have not contributed.—*A. F. Mayer, Assistant Branch Correspondent.*

ENGLEWOOD

A returned Englewood veteran just called up and wanted to know where he could find an apartment. Since I couldn't help him, you call me if you

can. . . . Rumor had it that Ray Watkins was recently married, so I went visiting; 'tis true. Ray and Miss Gladys Wisdom were married on March 2, are living in Ringwood and looking for an apartment. The bride hails from Louisiana and we bespeak for them many years of happiness and bliss. Sounds like Ray took the old Bible challenge, "Get thee wisdom." . . . Harold and Mrs. Wimp are the proud parents of a new baby boy, come a month ago to join his charming three-year-old sister. The Wimps live in Monmouth now. . . . Ol' grapevine tells me that Frank Murrin is again in active practice. So I mosey over and, sure enough, there he is, all fixed up in the Capitol building. Good luck, Frank! . . . Snooped around and found out that Dave Handler is still on the sick list but is considerably improved. . . . Stanley Jedd is eyeing the spots here and there looking for a location and Chester Bromboz is looking well in his new spot at 31st and Halsted. The services didn't get all the brave men: Harry Reid and Mike Walsh have discontinued all evening hours. . . . Tom McCarthy has just come home from Hot Springs where he alternated between the quest for a hole in one and two on the nose—two delusions, two elusions! . . . Tom Humble is going trout fishing but 'twon't do him any pleasure for Bill Shippee has already been, so they are pretty well thinned out (but Bill can lie, too). . . . Has anyone said Rex was back, Rex Umbenhaur? He is. . . . Hold up for the May Meeting. We have some home talent slickers, including Ed Werre and S. B. Rabishaw. . . . Gleaned this little tidbit from a stock market ad: "The business that helped you accumulate your cash is probably a more dependable source." Are you bearish, Barich? . . . We who knew him were saddened at the death of Al Ahrendt and desire to express our sincere sympathy to his family.—*Webster Byrne, Assistant Branch Correspondent.*

WEST SIDE

Thanks to you men for your generous contributions to the American Red Cross. This support will help keep up their noble work. Our quota was again surpassed, so we say thanks for coming across for the Red Cross. . . . George Vogt will be presented with a plaque for his meritorious service as president of the West Side branch at the next meeting. . . . Genial William Ashworth took to himself a vivacious bride, Ruth Hallin. Congratulations! . . . James Dillon spends week-ends at St. Louis and says that these quickies are sure tonics to him. . . . Lt. Larry Faul, former Loyola football star, has been honorably discharged from the Navy. He was stationed at Great Lakes, where he served in the oral surgery clinic. . . . Victor Hogstrom decided to leave his labors and spend five weeks in Arizona, taking in the sun's blessings. . . . William C. Gelman, activated in November, 1943, was honorably discharged on March 11. He served as chief of Dental Service at Camp Barnes, New Caledonia, and also served six months with the 8th General hospital there. He says "words can't describe how happy I am to be back." He is practicing at 25 East Washington.—*Maurice C. Berman, Branch Correspondent.*

NORTHWEST

The summary of the last meeting will have to wait for the next issue because of the deadline date. . . . Present at the annual meeting of the Wisconsin Dental Society in Milwaukee were Joe Ullis, Bob Placek, Herman Wenger and Henry Boris. Waldo Link was there in the role of clinician on "Amalgam Restorations." According to Bob and Joe the trip was well worthwhile. . . . Henry Sarton and Leo Wasielewski have been released from service and have reopened offices at their former locations. . . . Ed Pacocha is proud to announce the birth of a baby boy. . . . Norm Kirschner and Morrie Schneider got a good suntan on their

recent fishing trip to Pistakee Bay, but we have no report as to their piscatorial results. . . . John A. Heinz, a nephew of Larry Peacock, and recently released from the Navy, has taken over the office of the late Hugh Larkin. . . . Arthur Elfenbaum, on the faculty at Illinois, read a paper on "Why Not Use the Three-Quarter Crown?" and presented a table clinic at the annual meeting of the Kankakee District Dental Society on March 21. . . . Pete Wlodkowski has that golden hued complexion as a result of a few weeks in Florida. . . . Irv Neer had to remain away from the office for a while to recuperate from an ailment. . . . Toby Weinshenker has become engrossed in photography and is devoting his leisure hours to it. . . . The first alumni meeting of Chicago College in four years will be held on May 6 and 7. Listed in the announcement are Leroy Kurth and Marvin Chapin, who will present papers.—*Thad Olechowski, Branch Correspondent.*

NORTH SIDE

The last meeting of the season, Clinic Night, was a great success with an exceptionally large attendance. Dr. Maurice Horan, clinic chairman, received a "big hand" for his arrangement of the following program: *Complete Dentures*, Carl Gieler; *Pyorrhea*, Carlos Pomes; *Normal and Abnormal Positions of the Mandible*, Jack Thompson; *Full Dentures*, Lawrence D. Furlong; *Oral Surgery*, M. E. Chapin; *Ammonium Salts in Relation to Caries*, Joseph F. O'Donnell; *Crown and Bridge*, Roger Stockton and D. T. Barcroft. To express it mildly—they were good! President Ford thanked the officers and committeemen for their wholehearted support. . . . Officers for the coming year are: W. P. Schoen, Jr., president; E. W. Luebke, vice-president; C. H. Peterson, secretary; B. A. Cupis, treasurer and Manley Elliott, librarian. They were installed by Clyde West. Guests at the meeting were Drs. De Wolf of Woodstock and W. J. Goldring of Marengo. . . . From Harold

Blohm we learn that the businessmen of Marengo are building a fine bungalow office for Dr. Goldring. . . . Kenneth Penhale has been elected to membership in the American Society of Oral Surgeons. . . . Manley Elliott spoke on "Dentistry" at the North Shore Kiwanis Club. Carl Gieler was a guest. . . . Frank Fabian and family took a trip to Milwaukee to attend the Wisconsin State Dental meeting. . . . Russell Boothe was the speaker at the Pestalozzi Froebel Teachers College last month. . . . Ted Olson has been suffering from a bad case of coryza. . . . Roland Weber has been going around with a fancy cane. Did you hear how he hurt his ankle? . . . Van Carmichael has been having the 'flu—nevertheless he stayed with his bowling team and the game went on. . . . E. B. Clearwater has moved his office to the 35th floor of the Pittsfield Tower. For those who do not know, it was a baby girl. Lots of good luck in your new location and with the new baby. . . . Walter Johnson sold his office to Stanley Goldberg. Since then Walter has been really basking in Florida's sunshine. . . . Lt. Col. William Agster is now on terminal leave. . . . George Winograd has returned to Chicago after spending twenty-two months in England. . . . Frank Offenlock is happy to be back in his office again after being released from the Navy. . . . Vernon Boman is on terminal leave and planning to study orthodontia.—*Russell G. Boothe, Branch Correspondent.*

NORTH SUBURBAN

The Northwest Study Club held a meeting on April 2 at Fisher's Tea Room in Park Ridge. This will be their new

meeting place. Roger Williams, Palatine, was elected president, Norm Laird, Des Plaines, vice-president and Rudy Seidel, Mount Prospect, secretary. . . . The Lake County Dental Society will announce a combination golf outing and ladies' night some time in June. Don Bartlett was recently elected president, Ellis Ibbotson, vice-president and Harold Cook, secretary and treasurer. . . . Chet Anderson is back in Highwood after service in the Army. . . . Marshall Blume has returned from Navy service to Ravinia. . . . J. A. Studebaker is spending some time in Highland Park as well as Zion. . . . Stan Richards is in his office and glad to be practicing. . . . Claude Richards injured his leg when he slipped on some oil in his garage. He is recuperating in Mississippi. . . . Blaine Rhobotham will take over John Evey's practice at 708 Church St., Evanston. . . . Bill Rusch has returned from California where he attended the wedding of his son, Fred, who is a dentist in the Army and a graduate of N.U.D.S. . . . Hal Chason strained his back while spading his garden and had to postpone his vacation because of it. I'll bet he doesn't spend his vacation in the garden. . . . Bob Reinardy has a new son, Robert Phillip. Our congratulations go to Bob and also to Glen Heilemann for his new son, Richard Frank. . . . W. D. Speaks is looking for office space. His Navy service has been terminated. . . . The officers and committees of North Suburban are to be thanked for their sacrifices and congratulated for their achievements during the past year. . . . The entire branch membership should be proud of our conspicuous oversubscription to the Red Cross.—*Henry Q. Conley, Branch Correspondent.*

HEALTH SURVEY UNDERWAY

(Continued from page 5)

local agencies. The headquarters are located at 54 West Hubbard street, where a staff of forty-five are housed.

Advisory Committee members are: Chairman Samuel A. Goldsmith, Frank

Bobrytzke, Dr. Herman N. Bundesen, Jesse A. Jacobs, C. W. Klassen, Dr. H. J. Shaughnessey, Dr. William F. Petersen, E. E. Salisbury and Alexander Ropchan, secretary.

DIRECTORY CHICAGO DENTAL SOCIETY

Central Offices: 30 N. Michigan Ave., Chicago 2, Ill., Telephone State 7925

Kindly address all communications concerning business of the Society to the Central Office

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| 11059 S. Hale Street, Beverly 1133 | |

Contributors

Manuscripts should be typewritten, double spaced, and the original copy should be submitted. Every effort will be made to return unused manuscripts, if request is made, but no responsibility can be accepted for failure to do so. Anonymous communications will receive no consideration whatever.

Manuscripts and news items of interest to the membership of the Society are solicited.

Forms close on the third and eighteenth of each month. The early submission of material will insure more consideration for publication.

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Ethics Committee

| | |
|-------------------------|------|
| Folmer Nymark, Chairman | 1946 |
| Lester E. Kalk | 1947 |
| Walter J. Nock | 1948 |

Applications for Membership

The following applications have been received by the Ethics Committee. Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Dr. Folmer Nymark, 4005 W. North Avenue. Anonymous communications or telephone calls will receive no consideration.

Active Members

Boman, Vernon R. (N.U.D.S. 1944) North Side, 2511 Lunt Ave. Endorsed by Russell G. Boothe and Carl A. Halle.

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Marr, Clayton L. (N.U.D.S. 1945) North Side, 4141 N. Clarendon Ave. Endorsed by William C. Parker and A. W. Sauer, Jr.

McAuliffe, Thomas J. (C.C.D.S. 1944) North Side, 4803 N. Lincoln Ave. Endorsed by A. W. Sauer and S. M. Davidson.

Melichar, William J. (U. of Ill. 1944) Northwest Side, 4817 W. Diversey Ave. Endorsed by J. J. Hofrichter and L. J. Kulhanek.

(Continued on page 24)

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(Continued on page 24)

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(Continued from page 23)

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ACTIVE MEMBERS

(Continued from page 22)

Melze, Howard G. (C.C.D.S. 1940) Camp Robinson, Ark. Endorsed by R. W. McNulty and Warren Willman.

Miller, Lester J. (C.C.D.S. 1945) North Side, 819 W. Sheridan Rd. Endorsed by Benjamin H. Miller and Samuel Spira.

Tarkington, Charles M. (N.U.D.S. 1925) North Suburban, 1901 Dodge Ave., Evanston. Endorsed by W. A. Rose and Leon W. Headen.

Thodos, Harry R. (C.C.D.S. 1945) Great Lakes, Ill. Endorsed by W. I. McNeil and Jerome J. Vlk.

Toomajanian, Simon J. (N.U.D.S. 1945) North Side, 55 E. Washington St. Endorsed by George E. Erdmann and Joseph D. Padula.

Van Steenberg, George C. (U. of Ill. 1944) South Suburban, 15426 Center Ave. Endorsed by H. V. Phillips and L. W. Hughes.

Watts, Robert E. (N.U.D.S. 1945) West Suburban, 949 N. Taylor St., Oak Park. Endorsed by E. P. Boulger and H. M. Lancaster.

NEWS AND ANNOUNCEMENTS

(Continued from page 18)

Lois Coakley; and his mother, Mrs. Mary Larkin of Northfield.

DR. ALEXANDER J. PERLOVE 1885-1946

Dr. Alexander J. Perlove, who practiced for thirty years at 959 East 55th street, died of a heart ailment in Billings Memorial Hospital on January 20. He was a graduate of the University of Pennsylvania class of 1907 and a member of Parian Lodge, A.F. & A.M. Dr. Perlove is survived by his wife and two daughters.

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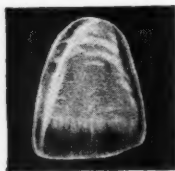
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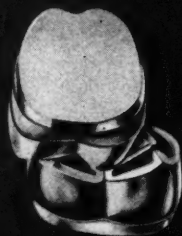
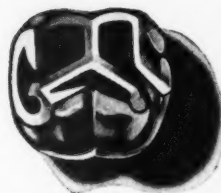
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